Approved for use through 7/3 (/2008, OMB) DEST (/2008

C	8M/A	SWALLENTITY		OR OTHER THAN SMALL ENTITY			
FOR ASIC FEE	NUMBER FILED	MAMBER EXTRA	RATE			SWA	LEMINY
OTAL CLAIMS			- 1015	FEE	7	RATE	FEE
37. CFR 1.18(d)	/0 minus 20 =				OR		1.740
DEPENDENT CLAIMS	2 minus 3 .		┤		OR	·x	
LULTIPLE DEPENDENT CL		1 /		: /	OR.	×	
		FR 1.16(d))	1 1.		OR		
	1 it less than zero, enter		TOTAL		OR		- 2
CLAIMS	S AS AMENDED - P	ARTII				TOTAL	740
` 1	AMS	IGHEST	SMALI	LENTITY	OR	OTHER SMALL	THAN
1/0/0.4// A	TER PR	TUMBER PRESENT EVIOUSLY EXTRA	RATE	ADDI:		RATE	ADBI
Colat Core tristely	// Minus	ND FOR	1:1	TIONAL		+	FEE
Independent (1) CTR (1)(0)	/ Minus	14	X \$=		OR	K.1	
	MULTIPLE DEPENDENT CL	-2 I/	<u> </u>	1	OR	X.I.	
	MULTIPLE DEPENDENT CL	AM (27.OFR I IG(II)	J		OR		
			TOTAL ADO'L FEE			TOTAL	
(Colum	WAG . T.	olumn 2) (Column 3)				ADD'L FEE	
21600 REIM	MING	HEST MBER PRESENT	RATE	AODI	r		
Total AMENO	MENT PA	OFOR EXTRA		TIONAL		RATE	ADOI TIONAL
in crassing) Minus C	0	X I	\	-	\	YFEE
(STOPA LINGS)	Minùs	3	×	\	OR X	·	\
FIRST PRESENTATION OF	MATIPLE DEPENDENT GIA	4 (37 CFK 1.16(d))		\ -\	OR K	3	λ
			TOTAL				\ \
(Column			ADD'L FEE	\		OTAL OD1 FEE	X
CLUM	IS HIGH						Y
1 30 07 REMAIN	PREVIO	USLY EXTRA	RATE	ADDI-		RATE	ADDI
Total	Minus 4			FEE			TIONAL FEE
ndependent 2		$0 \mid \mathcal{Y} \mid$	X ! =		OR X		
	Minus		×		OR X		
IN PRESENTATION OF MU	ILTIPLE DEPENDENT CLAIM	D7 GFR 1,16(d)	+1 .				
			TOTAL		OR +	AL .	
ne entry in column: 1 la les	is then the entry in column lovely Paid For MYTHIS S outly Paid For IN THIS S	9: Lista si ene es las e	ADD'L FEE		OR AD	FEE	

This USP Inclu noticing gathering, preparing, and submitting the completed application form to the USPTO. The section is estimated to take 12 introduces to complete, on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer. U.S. Department of Commission Officer, U.S. Patent ADDRESS. SEI/O.TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEI/O.FEES OR COMPLETED FORMS TO THIS